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Application Number	10/631,143
Filing Date	07/31/2003
First Named Inventor	Peyman
Art Unit	1615
Examiner Name	Shelkh, Humera N.
Attorney Docket Number	073976-00075

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint the practitioners associated with the Customer Number: 27805

☐ Please change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

J.D. Lindford

Date

5-4-08

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 2 forms are submitted.

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